FILING DATE 84-25-01 **CLAIMS ONLY** CLAIMS AFTER AFTER 1st AMEXIMENT 2nd AMEXIMENT AS FLED DEP. DED. DEP. DO. OEP. 840. 00. DEP. DID. OEP. OEP. BCD. ī TOTAL BED. TOTAL IND. TOTAL DEP. TOTAL CLAIMS **Þ** CLANES 6 /

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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